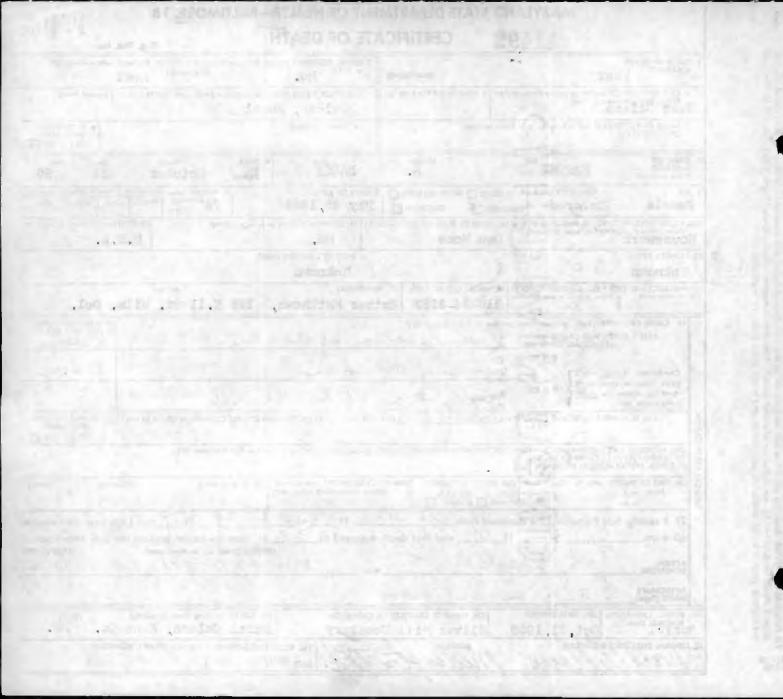
11495 CERTIFICATE OF DEATH

11469 Reg. Dist. No.

	211.	on one	MIE OI DENII		Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY	ent	MARYLAND	II O STATE	nere deceased lived. If institutio b. COUNTY	n: Residence before admission) Kent
b. CITY OR TOWN RURAL and give Near Gale	(If outside corporate limits, v r negrest town) INC.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Galena, R	outside corporate limits, write RU ural	JRAL and give nearest town)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give N	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MARTHA first	Middle A.	BANKS'	4. DATE Mont Octobe	
5. SEX Female	[0-1	MARRIED NEVER MARRIED DOWED TO DIVORCED	8. DATE OF BIRTH May 25, 1883	9. AGE [In years 76 birthdoy] yrs.	Months Days Hours Min.
10a. USUAL OCCUPA during most of w Housework	Orking life, even it retired)	106. KIND OF BUSINESS OR IND Own Home	USTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTE
Unknown			14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORCES	8	INFORMANT sther Matthews	, 526 E.11 St.	
PART I. D 420./ Conditions, if gove rise to	immediate (DUS 70)	Securificand oca	tion of the	Heart	INTERVAL BETWEEN ONSET AND DEATH Sology Sology
20a. ACCIDENT V	th. (c)	ONS CONTRIBUTING TO DEATH BE			EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJI	URY Month, Day, Year	20d. INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, farm octory, street, office bldg., etc	20f. (City or town)	(County) (Stole
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME [Type]	that I attended the de		th occurred at 3 A	M, from the causes at ADDRESS (Street, city or town, s	
	Ogt.31,195	22c. NAME OF CEMETERY Olivet Hill		22d. LOCATION (City, lown, or Rural Galena,	
23-FUNERAL DIRECTO	FILLENS.	Willington	DATE N		TRAR'S SIGNATURE

may be referenced by the haspital or attending physician.

D. FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay TO HOSPITAL may be retr TO FUNERAL

VS A15 (4) 15M 9/55 

Ho. hoy be re. 0 VS A15 (4) 15M 9/5B

Rock Hall, Md. RFD INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 19. Athat I last saw the deceased P_M, fram the causes and an the date stated above. ADDRESS (Street, city or lown, slote) 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Wesley Chapel Cem. mear -59 10/26 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR anthon S. Firmas Chestertown, Md. DATE

Kent.

USA

1959

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE

ON A FARM?

Year

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YES NO TEX

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1 X					E DEPARTM					Reg. Dist. I	1147	2
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× ×			ter Beach		ive street address) ? 20 year	d. STREET A	DORESS		48	*x-3	ON A FA	ARM?
	3.	NAME OF DECEASED (Type or print)	Edward	Wm.	Middle Garn				Oct. 5	, 1959	y Year 19	
	5.	male	6. COLOR OR RACE White	WIDOWED [_	Nov. 18			AGE (In years lost birthday)	Months Days		
	10c	during most of working Retired I	ON (Give kind of work do ng life, even if retired) PORK Sales	man	F BUSINESS OR INDU		CE (Stote or			US	OF WHAT COL	INTRY?
1			ank Garman				MAIDEN NAM					
I		yes	ER IN U. S. ARMED FORCE (If yes, give wer or dates of sec. WW 1		16-8011 _{M1}	informant 'S. Mar'	tha Ga	Imar		hester tertow		
dast permit		4.20.1	TH (Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		(b), and (c).] ary Thron	bosis				IN OI	TERVAL BETWEEN VSET AND DEATH ONE DO	ur
		Conditions, if a gave rise to imme (a), stating the cause lost.	diale couse			0 0 0						
0	CATION	PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED TO	THE TERMINA	LDISEASE	CONDITION GIV	EN IN PART 1(o	PERFORME	DPSY D?
	L CERTIFI	20g, EXTERNAL CAI PRIMARY OF CO CAUSE OF DEATH.	NTRIBLITING []	DESCRIBE HOW	INJURY OCCURRED.	Enlar nature of in	jury in Port I c	or Port It o	Fitem 18.)			
	MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 19	20d. INJURY While at wark	Not while for	ACE OF INJURY () tory, street, office	tome, form, bldg., etc.)	20f. (City o	or town)	(County)	(5	tate)
			from: Natural co						pection 20 determined o		_	
= /		ACTUAL SIGNATURE	Mit W-	ton		MLD.	EDICAL EXAM				DATE SIGN	10
r remave	27	EXAMINER'S NAME (Type)	Robert W.	Farr	AAIP OF OF ICERON O	DEPUTY	MEDICAL EXA	MINER 2	X		10/5/59	9
2 "		BUTTA PRECIOR	Oct. 8,	1959 M	AME OF CEMETERY OF COURTS CO	metery		oeni	ON (City, town, oxville, AR 24b, REG!			
nE(S) 55		4W	ولا مثال	Mach	estertow	n, Ma.	DATE OC	7 7	59 (Inthun & 1	Trace A.	

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may be retained by the hospital ar attending physician.

Selector, CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shall be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11498 CERTIFICATE OF DEATH 11498

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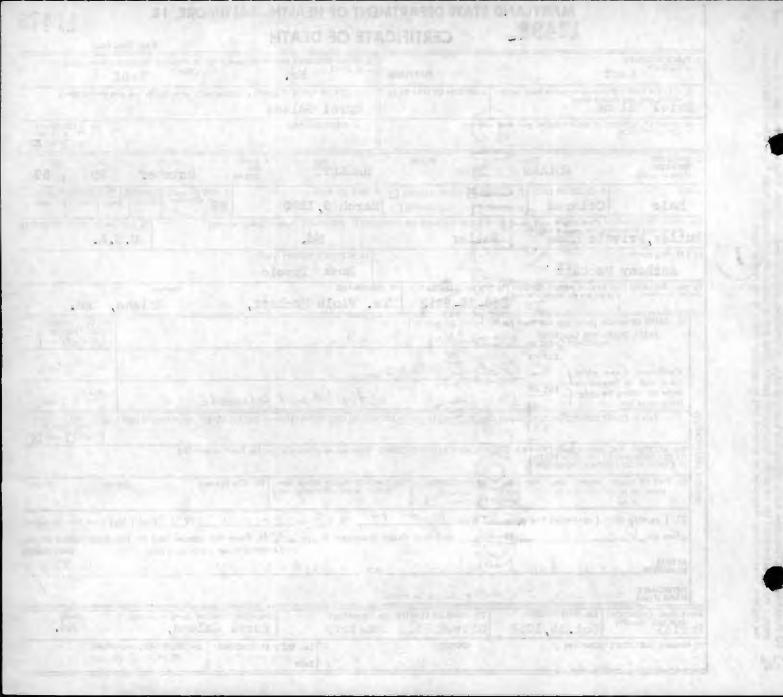
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1	1. PLACE OF DEATH	
1 3	o. COUNTY	

						og: Dilli	1101
2.	USUAL	RESIDENCE	(Where deceased	lived.	If institution:	Residence	before admission
	o. STATE	Mal		Ь.	COUNTY	W	

1. PLACE OF DEATH o. COUNTY Kent		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institut b. COUNTY		before admission)	-
b. CITY OR TOWN (If ou RURAL and give neare Rural Galens	otside corporate limits, write st town]	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give	nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDEN ON A FAR YES NO	RM2
3. NAME OF DECEASED (Type or print)	NOLAND	Dennis Middle	HACKETT	4. DATE Mo OF DEATH OCTO	ober	Day Year 20 19	
	color or RACE 7. MAR	RIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 8, 1890	9. AGE (In years last birthday) 9 yrs.	Months Da	EAR IF UNDER 24	HRS.
10a. USUAL OCCUPATION during most of working Butler, Prival	(Give kind of work done 10b. life, even if retired) Ce Home	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole Md.	or foreign country)	12. CITIZE	N OF WHAT COL	UNTRY
13. FATHER'S NAME Anthony Ha	ıckett		14. MOTHER'S MAIDEN N Emma Tops				
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If ye	to, drive were or dates of service)		INFORMANT S. Viola Hack		Galena,	, Md.	
PART I. DEATH	Enter only one couse per li WAS CAUSED BY: MEDIATE CAUSE (o) OD DUE TO	ne for (o). (b), and (c).]	lusion			INTERVAL BETWE	ATH_
Conditions, if any, gove rise to imm couse (a), stating the lying couse last.	ediate (generation i	of the beaut	unscle		2-34e	5-
CAT		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition gi	VEN IN PART I	PERFORME	D?
	CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 18.)			
20c. TIME OF INJURY Howr a. jr. p. m.	Menth, Day, Year 20d. I White at wor	Not while fo	ACE OF INJURY (Home, form sclory, street, office bldg., etc	n, 20f. (City or town)	(Cou	nty) (S	Stote)
actual SIGNATURE	1 attended the decease 19 19 19 19 19 19 19 19 19 19 19 19 19	1	MD. MILL	CF 20, 19 S PM, from the causes ADDRESS (Street, city or town,	and an the	t saw the dec date stated a DATE S 10-21	abave SIGNE
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) BUITIAL	22b. DATE THEREOF Oct. 25, 1959	22c. NAME OF CEMETERY COlivet Hill C	OR CREMATORY	22d. LOCATION (City, lown, Rural Galena,		(Stote) Md.	
23. FUNERAL DIRECTOR'S SI	GNATURE-	ADDRESS A	42 / 240. REC"		STRAR'S SIGNA		

DATE OCT

TO HOSPITAL OR may be retain TO FUNERAL VS A15 (4) 15M 9/55



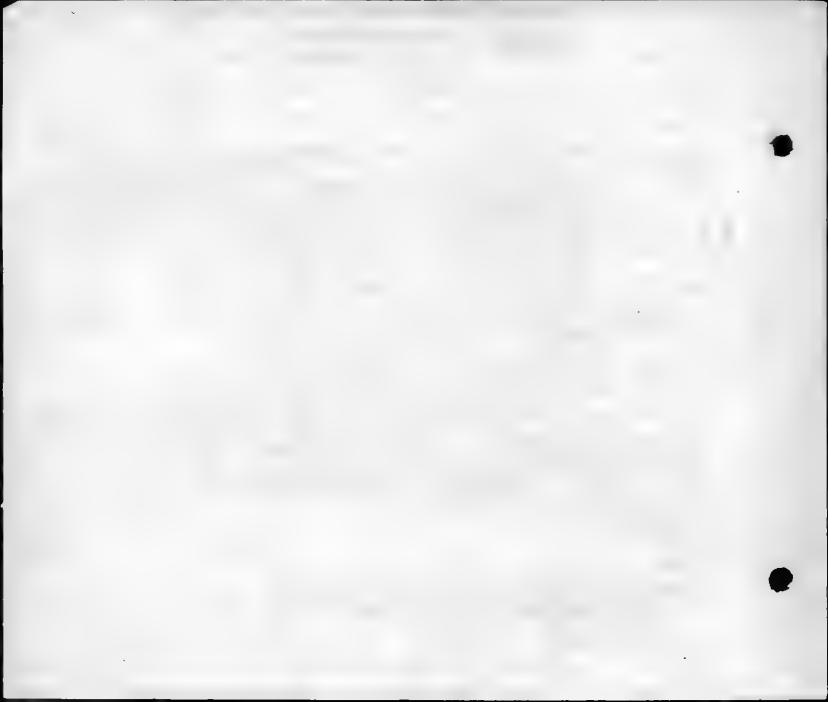
CERTIFICATE OF DEATH 11100

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11433	CERTITIOA	TE OF BEATT	<u>'</u>	Reg. Dist, No.	
1. PLACE OF DEATH a. COUNTY Lent	MARYLAND	2 USUAL-RESIDENCE (Who a. STATE Many	ere deceased lived. If institut		admission)
b. CITY OR JOVIN (If outside corporate limits, write RURAL and give secret town)	e. LENGTH OF STAY IN 16	x / Luch	utside corporate limits, write Fall	RURAL and give neares	t tawn)
d. NAME OF HOSPITAL (If not in hyspital, give street a OR INSTITUTION	oddress) ⁷	d STREET ADDRESS	ha-	1 '	S RESIDENCE ON A FARM? ES NO D
NAME OF DECEASED (Type or print)	/ Hama	Lost	4. DATE Mo OF DEATH	7th 4 Day	Year 1959
M. W. WIDOWE	D DIVORCED D	June 6, 18	9. AGE (In years lost birthday) 67 / 2 yes	Months Days H	UNDER 24 HRS.
00. USUAL OCCUPATION (Give kind of work dane 10b. 1 during most of working life, even if retired)	Luchant Marin	Schönbe	ig German	12. CITIZEN OF V	WHAT COUNTRY
3. FATHER'S NAME CINBROWN		14. MOTHER'S MAIDEN N	'		. / .
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yai. no or unknown) (If you give wer or dotes of service)	17-09-8561 W	Cleain F N	,	Balduin,	V. 4.
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	glog (0). (b). and (c).]	arelu	rien	INTERV	AL BETWEEN AND DEATH
4201 DUE TO	Orterio + 6	Vilvasia			
gove rise to immediate cause (o), stating the underlying couse last.	sucherlis	is. Emp	lugsema		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS UNDERLYING 1206. ACCIDENT WAS UNDERLYING 1206. DESCRIPTION OF CONTRIBUTING 1206. DESCRIPTION OF CONTRIBUTING 1206. DESCRIPTION OF CONTRIBUTING 1206. DESCRIPTION OF CONTRIBUTING 1206.	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE FERMI	NAVOISEASE CONDITION GI	`' 1	WAS AUTOPSY PERFORMED? ES NO
	RISE HOW INJURY OCCURRED.	, (Enter nature of injury in f	ort I ar Part II of item 18]		
20c. TIME OF INJURY Month. Day, Year 20d. IN Haur a. m. 19 at wark	Not while foch	CE OF INJURY (Home, form ory, street, effice bldg., etc.	20f. (City or town)	(County)	(State)
21. I certify that I attended the decease alive an 195	d fram Tay /	occurred of 54	19:15 M, from the causes	7.,that I last saw	
ACTUAL MANTE HO)	litech .		ADDRESS (Street, gity or town		DATE SIGNED
PHYSICIAN'S NOR BERT-C	-NIISCH	Ro	iff-Has	ee mod	****
20. BURIAL, CREMATION, 22b. DATE THEREOF, BETTOVAL (Specify) Summer Dect. (6/59	226 NAME OF CEMETERY OR Cha	CREMATORY dina.	na togation icity, town,	Cruta.	(State) Mel.
Marin V. Williams	- Chisterton	and DATE DE		ISTRAR'S SIGNATURE	

may be related by the hospital or attending physician.

Yes TO FUNDA (COOR: After this certificate has been signed by the attending physician and campillely filled in the fungal director, and page 3 shape be delached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4



11/00

CERTIFICATE OF DEATH

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		1148	2	CE	KIIFICA	AIE OI	DEATH	1	Month 10 21 9. AGE (In years let UNDER I YEAR IF UNDINGS) Post birthday) 71 yrs 12. CITIZEN OF WHAT C U.S. Chestertewn, Maryla INTERVAL BE ONSET AND ECONDITION G.VEN IN PART 1(a) 19. WAS PERFC YES II of item 18.) or fown) (County) Clauses and an the date stated reet, city or town, state) DAT				
	LACE OF DEATH L COUNTY Kent				and the same	2. USUAL 0. STATE	Maryla			**		ore admis	sion)
k		f autside corporate limi arest town)	ts, write	c. LENGTH OF	STAY IN 16	c. CITY	OR TOWN (If or	utside corpo	rote limits, write i			arest tow	n)
		ertown			lys	X	Rock	Hall.					
•		at (If not in hospital, g		- them	pital	d. STRE	Catheli	c Ave	nue			ON A	SIDENCE A FARM? NO T
3. P	NAME OF DECEASED	Fir	st	A	Aidd1e		Last	4. DATE OF	Mor	s th	Do	iy .	Year
	Type or print)	Wilb				Jei	.ner	DEATH	10		21		19 59
5. 5	M M	6. COLOR OR RACE White	7 MARE		AARRIED	B DATE OF	15/18 88		lost birthday)	_			ER 24 HR
Qo	USUAL OCCUPATIO	ON (Give kind of work- ing life, even if retired	done 10b.	KIND OF BUSIN	ESS OR INDU	STRY 11 BIR	THPLACE (State of	or foreign c	ountry)	12.CI	TIZEN OF	F WHAT C	COUNTRY
	Watern	=	'	Seafee	d		Maryl	and			U.S		
3. 1	FATHER'S NAME					14. MOTH	ER'S MAIDEN N	AME		À			
	Reber	t Jeiner					Anni	e The	nas				
S.		R IN U. S. ARMED FOR		SOCIAL SECURIT	Y NO. 1	NFORMANT	Joiver	R	oel Frado	Iress	7.		
	No	in yes, give was as assess or s					Record			rtewn	Ma	ryla	nd
		TH [Enter only one co	use per li	ne far (a), (b), or							INT	ERVAL BE	ETWEEN
	PART 1. DEA	TH WAS CAUSED BY:		arcinem	o of ne	nerase	,						
	15.7X	DUE TO				Troy Co. To						_ HOW A	WALL
	Conditions, if a	ny, which)											
	gave rise to in	mmediate (_		
	couse (o), stating to lying cause lost,	the under-											
CERTIFICATION	PART II. OTH			CONTRIBUTING T	O DEATH BUT	NOT RELATE	D TO THE TERMIN	NAL DISEAS	E CONDITION G.	VEN IN PA	RT 1(a) 1	PERFC	AUTOPS) DRMED?
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJU	JRY OCCURRE	D. (Enter note	re of injury in P	art I or Por	t 11 of item 18.)				
MEDICAL	20c. TIME OF INJUR' Hour o.m. p. m.	Y Month, Day, Ye	20d. I While at wor	NJURY OCCURRE Not while k at work			RY (Home, form, office bldg., etc.)		or town)		(Caunty)		(State
	21. I certify th	at Lattended the	deceas	ed fram	6/8	. 19	59. ta	102	27 1959	that I I	ast sav	v the c	lecense
	alive an	10/21					at 1:30P	M, fram	the causes ar	nd an th		stated	
	ACTUAL SIGNATURE	ai	5	de		M.D	CHES	TER	TOWN	M	D.	10/2	21/59
	PHYSICIAN'S NAME (Type)	A.C. Dic							stertewn			i	
5	REMOVAL (Specify)	10/24/5	F .	22c. NAME OF	CEMETERY	R CREMATOR	5	12d. VOCA	TION (City, Jam),	or sounty)		Stol	(e)
13. 1	FUNERAL DIRECTOR	SIGNATURE		ADDRESS	1/1/4	p	240. REC'D	BY REGIST	rar 24b. reg	STRAR'S S	GNATU	RE	

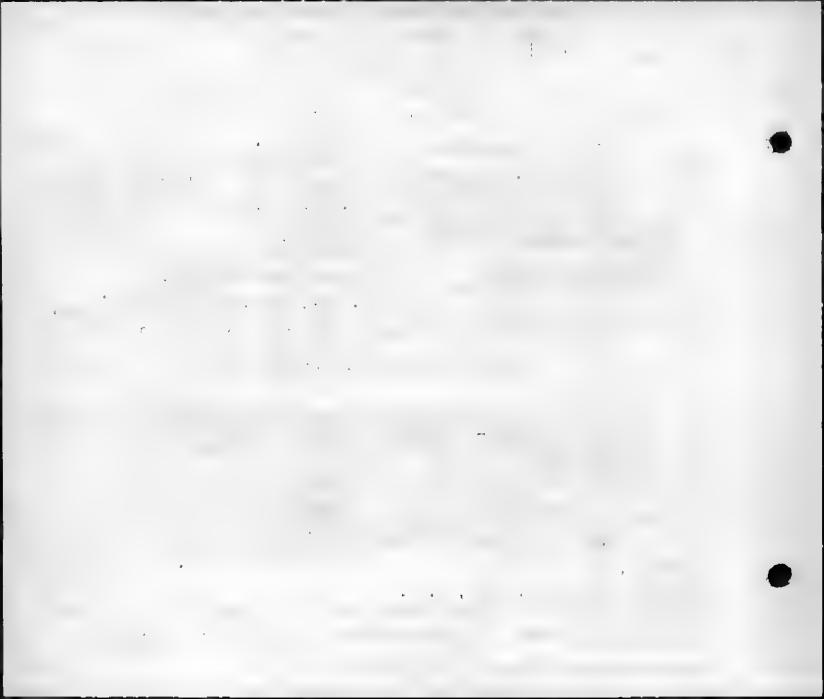
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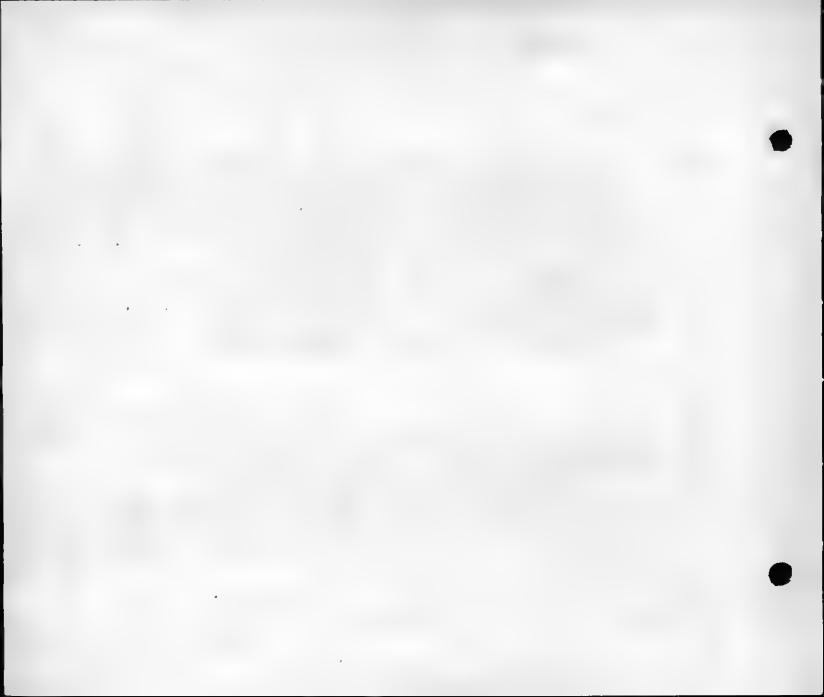




MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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mould be		RURAL and give nea	outside carporate limitarest tawn) ennedvvil	_	ogth of stay in 11 2 Years	, ×	c. CITY OR TOWN (IF	edyvi.		URAL ond gi	ive nearest lav	wn)
× ×			A. (If not in hospital, g			1	d. STREET ADDRESS		rre			ESIDENCE A FARM?
		NAME OF DECEASED Type or print)	fin E13		Middle	T.	lost Uff	4. DATE OF DEATH	Mon Octol		Day	Year 1959
	5. :				NEVER MARRIED] B. D/	ATE OF BIRTH	1882	9 AGE (In years lost birthday)	IF UNDER 1	YEAR IF UNI	DER 24 HRS.
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<u>~</u>	13.	FATHER'S NAME	Unknow			14	. MOTHER'S MAIDEN	NAME	Hutson			
(I)	15 (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR	rwice:		OSi	MANT		Add lyville			-
		PART I, DEAT	TH [Enler anly and co H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	A.C.	o), (b), and (c).] ut Pulmo	nar					INTERVAL E	BETWEEN D DEATH
		Conditions, if on gave rise to im cause (a), stating the lying cause last.	mediate (ronary O io-scler		usion c cardio	rascu.	lar dise	ease	1 h	our years
*	CERTIFICATION	_	er significant con arcinoma		stomach		RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
		20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	□ CAUSE OF DEATH I	20b DESCRIBE H	IOW INJURY OCCUR	RED. (Er	nter nature of injury in	Part I ar Par	t II al ilem 18.)			
	MEDICAL	20c. TIME OF INJURY Hour a. js. p. m.	Month, Day, Yea		lat white	PLACE (foctory,	OF INJURY (Home, form street, office bldg., et	m, 20f. (City	y or town)	(Ci	ounly)	(Stole)
		21. I certify the	at I attended the	deceased fro			, 19.5 Z, to	Z_M, fran	n the causes of treet, city or town,	nd an th	e date sta	e deceased
		ACTUAL SIGNATURE	lorenced	loringe	w Joyce	M.D.	(55665655555555555555555555555555555555	VDOKESS (2	ireer, city or town,	1101e)	10-1	1-57
o '	220	PHYSICIAN'S F. NAME (Type) F. BURIAL, CREMATION	Lorence D		D JOYCE	OR CRI	***************************************	ion, I	TION ICHY, TOWN, O	or county)	151	
		REMOVAL (Specify)	10/14/5	9 19	G La S DOAYO		nty		tsborø,	2.0	land	ote)
	-	Victor V	1. Kenne		till Pon	d,	Md.	O BY REGIS		Nhun &		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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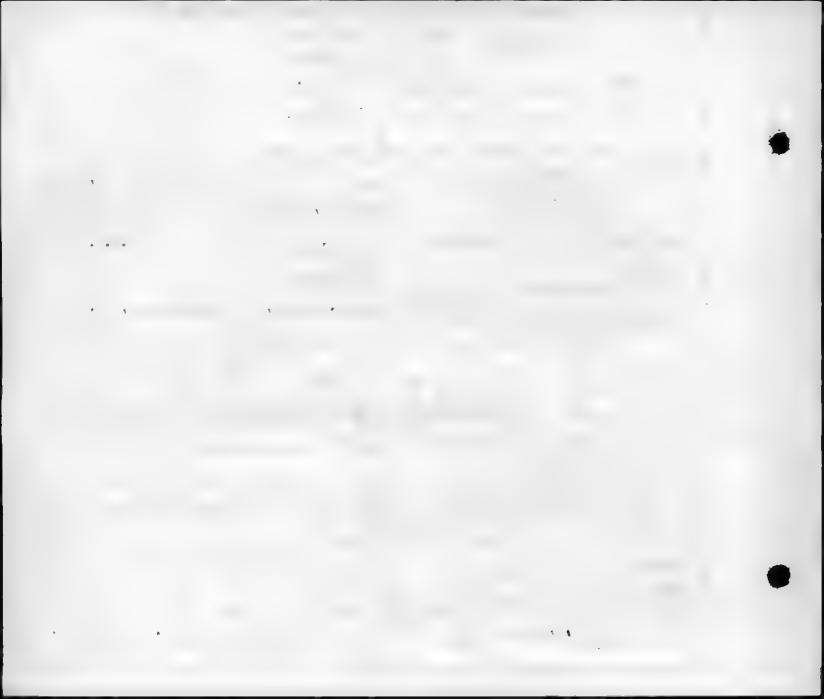
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LEKIIPIC.			DEATH	

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	11492	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.
1, PLAC o. CC	DUNTY Kent	MARYLAND	2. USUAL RESIDENCE (WE O. STATE	here deceased lived. If institut	ion: Residence before admission)
b. CI	TY OR TOWN (If outside corporate limits, write JRAL and give nagrest yown)	e LENGTH OF STAY IN 16	c. CITY OR TOWN (III o	Powd	RURAL and give nearest fown)
Ko	AME OF HOSPITAL (If not in hospital, give stre R INSTITUTION Free Que	et oddress) , Hogustal	d. STREET ADDRESS	town	e, IS RESIDENCE ON A FARM? YES NO Z-
DECI	AE OF First C AF 1-14	BlAnche	Redding		ber 23 1959
5. SEX	MALE NAPLO WIDO	WED DIVORCED	7	90 Gg yra	
dui	UAL OCCUPATION (Give hind of work done) ing most of working life, even if retired)	home	Dela	ware	U. S'A'
1	LOUIS GIBBS		ELLZ A	Tho MAS	
(Yes, no	S DECEASED EVER IN U. S. ARMED FORCES? Of unknown) Of year, gave under or dorso of services O	16 SOCIAL SECURITY NO. 17. 1 20-12-1973	MALY SIMM	ons, Dutle	ren Still Ponde Ma
18.	CAUSE OF DEATH [Enter only one course pe PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	r line for (o), (b), and (c)]	hirmlo.	>-	INTERVAL BETWEEN ONSET AND DEATH
Ç.	onditions, if ony, which over rise to immediate use (a), stating the under-	Internation	12-1-)		Sjean
FICATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(b) 19, WAS AUTOPSY PERFORMED? YES NO
OR OR	ACCIDENT WAS UNDERLYING (1) 20b. I. CONTRIBUTING (1) CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	PESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Port II of item 1B)	
WEDICA 20c	Hour o.m. ' Wh	1.	ACE OF INJURY (Home, form ctory, street, office bldg., atc		(County) (State)
ali	. I certify that I attended the deceive on 60-23, 19				and on the date stated above state) DATE SIGN
\$1G PH	TUAL MATURE SECTION SECTION	ck	M.D. LLES	TRYLOWAL	ME 10-23.
22o. 8t	IRIAL CREMATION, 226 DATE THEREOF MOVAL (Specify) 10/25/59	22c. NAME OF CEMETERY OF Still Pond	- 4	22d LOCATION (City, town Still Pond	
23 FUN	HERAL DIRECTOR'S SIGNATURE	ADDRESS 1	O 1)	D BY REGISTRAR 245 REG	ISTRAR'S SIGNATURE

ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director.

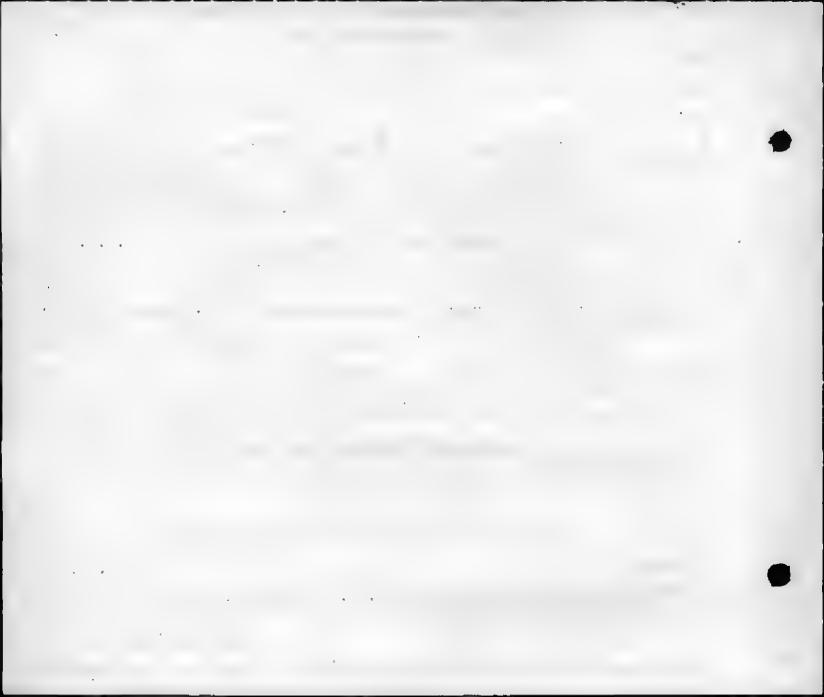
Cooks After this certificate has been signed by the attending physician and completely filled in the funeral director.

The delached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with prior to burial, cremation, or remayal, and in any event within 72 mass after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR moy be relo. VS A15 (4) 15M 9/55



deoth.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMONE, 18 Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) Kent c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES NO IX Month Day Year October 1959 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Nazareth Pa. INTERVAL BETWEEN 2 Months vears PERFORMED? YES 🗍 NO 🔀 (County) (State) 1958, that I last saw the deceased and that death accurred at 41 - M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** Worton, Maryland 22d LOCATION (City, town, or county) (Stote) Pond, Maryland 24b. REGISTRAR'S SIGNATURE arthur & Kinus



22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Cirthur & Hays

240. REC'D BY REGISTRAR

DATE

2 3 '59

shoul page ò 9 V5 A1S (4) 1SM 9/58

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

In the standard man a seek of a A STATE OF THE STA The first of the f the thousand I stand de trabeliste lode incom som Le len 11 things he had the is me The same of the sa

a. COUNTY	Kent	MARYLAND	- e7.20	Where deceased lived. If Institu		re odmission)
	outside corporate limits, svite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outside corporote fimite, write	RURAL and give ned	rest town)
d. NAME OF HOSPITA Kent & Qune	OR INSTITUTION (If not in hospi	ency room)	d. STREET ADDRESS			ON A FARA
3. NAME OF DECEASED (Type or print)	fint James	Middle Lusby S	utten Jr.	4. DATE Month	,	Year 19 59
5. SEX Mal.	6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED [January 24,			F UNDER 24 H
	N (Give kind of work done 10b. Kits life, even if refired)	NO OF BUSINESS OR INDUSTI	Maryland		USA	WHAT COUNT
	Sutten, Sr.		14. MOTHER'S MAIDEN I	name ciam Burris		
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16. SC (If yes, give wer or dotes of service)		Mes L. Sutte	Address on, Sr, (father)	Kennedvva	ile. Má
Conditions, if an gove rise to immedi (o), stoting the uncouse lost.	y, which by Went of the course DUE TO at 5:1	ing on him. out to drive 5 PM with ste 1. Died 3½ hou	in cows on fering wheel	Carm tractor at pinnking right spite all measu	4:30 PM. side of c	hours Was fo
PART II. OTHE		HOW INJURY OCCURRED. (Er				PERFORMED?
	Month, Day, Year 20d, IN.	JURY OCCURRED 200, PLAC			(County)	
20c. TIME OF INJURY 4: 30 p. m.	Oct 1 1959 While of work	Not while facto	E OF INJURY (Home, formary, street, office bldg., etc.	Kennedyvil		(Siel Md.
4:30 xxx. 21. 1 certify the	Oct 1 59 While	Not while tarm mains described above	ry, street, office bldg., etc. near re, held an Autops	Kennedyvil y , Inspection X, c , Undetermined o	Inquiry [],	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

they A DESCRIPTION OF THE PERSONS COLD THE CASE ALL THE RESERVE AND ADDRESS. THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY. ALSO SEED TO BE SEED TO SEED T the Market of Marcol Colleges of Market States and States and Colleges and Colleges